

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO.: H500809

TABITHA A. HILL,
EMPLOYEE

CLAIMANT

BAPTIST HEALTH SYSTEM,
SELF-INSURED EMPLOYER

RESPONDENT

BAPTIST HEALTH/CLAIMS
ADMINISTRATIVE SERVICES,
INSURANCE CARRIER/TPA

RESPONDENT

OPINION FILED MAY 19, 2026

Hearing held before Administrative Law Judge Chandra L. Black, in Little Rock, Pulaski County, Arkansas.

Claimant represented by the Honorable Steven R. McNeely, Attorney at Law, Jacksonville, Arkansas.

Respondent represented by the Honorable Jarrod Parrish, Attorney at Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

On February 18, 2026, the above-captioned claim came on for a hearing in Little Rock, Arkansas. Previously, a pre-hearing telephone conference was held on this matter on October 8, 2025. A Pre-hearing Order was entered that same day pursuant to the telephone conference. Said order was admitted into evidence along with the parties' pre-hearing information filings without objection as Commission's Exhibit 1.

Stipulations

During the pre-hearing telephone conference, and/or at the hearing, the parties agreed to the following stipulations:

1. The Arkansas Workers' Compensation Commission has jurisdiction of the within claim.

2. The employee-employer-insurance carrier relationship existed on or about January 23, 2025, when the Claimant sustained a compensable injury to her right knee.
3. The Respondent accepted the Claimant's right knee injury and paid benefits including for a surgery performed by Dr. Samuel Moore.
4. At the time of the Claimant's injury, her average weekly wage was sufficient to entitle her to the maximum compensation rates for a 2025 injury.
5. This claim for additional benefits has been controverted by the Respondent.
6. All issues not litigated herein are reserved under the Arkansas Workers' Compensation Act.

Issues

By agreement of the parties, the issues to be litigated at the hearing were as follows:

1. Compensability of the Claimant's low back condition with radiculopathy down the left leg.
2. Reasonable medical treatment for the Claimant's low back condition.
3. Claimant contends she is entitled to continued temporary partial disability (TPD) for the back injury after June 10, 2025. At the beginning of the hearing, the Claimant's attorney amended this issue to assert the Claimant's entitlement to continued temporary total disability benefits from the date of last payment to a date to be determined. (T. 12)
4. Whether the Claimant attorney is entitled a controverted attorney's fee.

Contentions

The Claimant's and Respondent's contentions are set out in their response to the Pre-hearing Questionnaire. Said contentions are as follows:

Claimant: The Claimant contends she suffered compensable injuries on January 23, 2025, to her right knee and low back with radiculopathy down the left leg. The Claimant contends she is entitled to additional treatment of the low back injury. The Claimant contends she is entitled TTD from the date last paid (on or about June 10, 2025) until she returns to work full time or reaches MMI for her lower back injury. The Claimant contends she is entitled to reimbursement

of vacation time or payment of TTD to cover said period, as she was told she had to exhaust her leave before she could draw temporary benefits after the injury on January 23, 2025. The Claimant contends the medical report of Dr. Craig Murphy should be excluded, as it was obtained under misstatements and duress. Claimant contends the above benefits have been denied and Claimant's attorney is entitled to a maximum fee under Ark. Code Ann. §11-9-715.

The Claimant reserves all issues not raised herein including any permanent impairment rating and vocation rehab, specifically a rating for the right knee under the AMA Guide's 4th ed. following her right knee surgery.

Respondent: The Respondent contends that all appropriate benefits have been paid regarding Claimant's compensable injury. Respondent contends that Claimant did not suffer a low back injury on or about January 23, 2025, and that there are no objective findings to support such. Respondent contends that in the event compensability is found, the documentary evidence does not support entitlement to additional indemnity benefits.

In a letter to my office dated October 21, 2025, the Respondent's attorney wrote the following:

The Claimant filed a Response to Prehearing Questionnaire indicating that she is seeking temporary partial disability June 10, 2025, to a date yet to be determined. I received wage information from the employer. The Claimant worked through June 23, 2025, was off work from June 24 – July 17, 2025, and was released to return to work without restrictions on July 18, 2025. Please allow Respondent to amend their prehearing filing to reflect this.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After reviewing the record as a whole, including the medical reports, the documentary evidence, and other matters properly before the Commission, and after having had an opportunity

to listen to the testimony of the witnesses and having observed their demeanor, I hereby make the following findings of fact and conclusions of law in accordance with Ark. Code Ann. §11-9-704 (Repl. 2012):

1. The Arkansas Workers' Compensation Commission has jurisdiction over this claim.
2. The proposed stipulations set forth above are reasonable and hereby accepted.
3. The Claimant proved by a preponderance of the evidence that she sustained a compensable injury to her back on January 23, 2025, during and in the course and scope of her employment with the respondent-employer.
4. The Claimant proved by a preponderance of the evidence that all of medical treatment of record for her back injury is reasonably necessary in connection with the injury she sustained on January 23, 2025.
5. The Claimant proved her entitlement to temporary total disability compensation for her back injury from July 18, 2025, through April 9, 2026.
6. The Claimant's attorney is entitled to a controverted attorney's fee on all indemnity benefits awarded herein.
7. All issues not litigated herein are reserved under the Arkansas Workers' Compensation Act.

Summary of Evidence

The following witnesses testified during the hearing: the Claimant, Ms. Tabitha Ann Hill; John Woodrow Hill; and Tiffany Guynes.

The record consists of the transcript from the hearing on the merits held on February 18, 2026, and the exhibits held therein. In addition to the Pre-hearing Order discussed above, the exhibits admitted into evidence in this case were: Claimant's Exhibit 1, which is the Claimant's

Medical Exhibit consisting of one hundred and three numbered pages encompassing her medical records along with a Medical Abstract and Index consisting of four numbered pages; Claimant's Exhibit 2, is the Claimant's Index of Non-Medical Records comprising three numbered pages; and Respondent's Exhibit 1 is Respondent's Hearing Exhibit Index of Medicals encompassing eight numbered pages of the Claimant's medical records; and Respondent's Hearing Exhibit Index of Non-Medicals consisting of seven numbered pages.

BACKGROUND

The Claimant is now 50 years old. She graduated from high school in 1993 from White Hall. The Claimant obtained a degree in respiratory therapy in 1999 from the University of Arkansas Medical Sciences. She did online work to obtain registry through the California College of Health Sciences. She worked as a registered respiratory therapist at Baptist Health at the time of her injury. According to the Claimant, she graduated from the University of Arkansas at Grantham with an associate's degree in billing and coding at the beginning of February 2026. This program was done through a scholarship that the Claimant obtained from Baptist Health through the Arkansas Rural Health Partnership. Per the Claimant, Baptist Health System bought their hospital (which was previously Drew Memorial Hospital).

She testified that she originally went to work for Drew Memorial Hospital in 2015, as a registered respiratory therapist. The Claimant confirmed that she holds a license with the Arkansas State Medical Board. After respiratory school, she began working at Jefferson Regional Medical Center in Pine Bluff. The Claimant worked there from 1999 until 2015. She then changed jobs and went to work for Drew County Memorial Hospital. During the COVID-19 pandemic, the work at Chico Memorial on an assignment for six months doing travel respiratory therapy. During

this time, the Claimant continued to work part-time with Drew Memorial Hospital. The entire period of time since 2015, the Claimant was consistently full-time and part-time.

The Claimant explained that as a respiratory therapist she managed breathing treatments for asthmatic and COPD patients. She also had to do EKGs and critical care treatment for patients on life support to include airway-breathing circulation, chest compressions, outpatient pulmonary function tests, and electrocardiograms/EKGs. The Claimant provided an additional detailed description of her employment duties. (T. 18)

Regarding her injury, on January 23, 2025, the Claimant was asked to explain what she was doing when her injury occurred:

A Okay. Like I said, all -- there has to be a respiratory therapist present at all cesarean-section deliveries. The baby was born not breathing, so we had to resuscitated the baby effectively, and once we do that, it's protocol to take the baby from the C-section surgery room to the nursery. So the nurse was holding the baby and I was behind her carrying the resuscitation equipment, and then there was another nurse behind me. We were headed to the nursery, and I was going down an incline, and I slipped and jerked to catch myself to keep from falling, and [sic] on the way to the nursery.

The Claimant denied that she had any physical problems with her back or right leg before January 23, 2025. She confirmed that she is married to John Hill and that they were married before her injury. However, the Claimant admitted that in the past, she had a total knee replacement surgery on her left knee in June 2022. She denied any further problems with her left knee after the surgery. The Claimant denied that she had any physical condition effecting her ability to work in any way prior to January 23, 2025. She confirmed that she has seen the video offered into evidence. The Claimant denied that the video shows where the incident happened nor does it show the incident.

She admitted that she injured her right knee and now she is alleging that she also injured her back during the incident. According to the Claimant, they had just resuscitated a baby, and

she was the only respiratory therapist in the building. Her incident occurred around 6:00 p.m. She explained, “.... So I was going down the incline and slipped and jerked back to catch myself, and when I did that, I felt a pop in my left knee and pain shot down to my foot and up towards my hip...” The baby needed some more assistance with breathing. As a result, the Claimant stayed with the baby.

According to the Claimant, she reported her injury to her boss, Ann Norris, within an hour. The next morning, Joy Watt called the Claimant and instructed her to go to Dr. Jim Carmical’s office for a workers’ compensation visit. She was evaluated by his nurse practitioner, Amanda. According to the Claimant, the next morning when she woke up, not only was her left knee hurting, *but she was also hurting in the left knee and her left hip*. The Claimant confirmed that she clearly knew her hip symptoms were from her back once she was evaluated by the ortho doctor. She was evaluated by the ortho doctor on February 10, 2025. The Claimant began receiving treatment for her back from Dr. Moore. Her office visit with Dr. Moore occurred around June 9, 2025. The Claimant confirmed that on June 9, 2025, her back condition was horrible.

The Claimant admitted that she did draw some temporary total disability compensation. She confirmed that she received her last temporary total disability check on July 17. Per the Claimant, the Respondent paid for her back treatment in the form of x-rays, physical therapy, CTs and an MRI of the back. The Claimant verified that Jacob Sheats was the claims adjuster assigned to her claim. Mr. Sheats notified the Claimant on February 27 that her claim for a back injury was being denied. At that point, the Claimant started paying for her treatment for her back on her private health insurance. Dr. Blake Phillips with Baptist Neurosurgery performed surgery on the Claimant’s back in October. The Claimant confirmed that she is excited about the surgery because she is actually able to walk better and get around a lot better and do more housework.

Prior to having the back surgery, the Claimant had constant pain, sharp shooting pains going down both legs. She was unable to sleep at night due to these symptoms. The Claimant was unable to do her own grocery shopping. She was unable to stand for more than two hours at a time. The Claimant explained about her back condition after having the surgery in October: “Since the surgery, it has improved drastically.” According to the Claimant, she can stand and cook in the kitchen for more than an hour without experiencing excruciating pain. The Claimant stated that now she does not have to stay on the heating pad all day. She denied being involved in any accidents, altercation, or any type of injury to her back since January 23.

The Claimant testified that she last worked on June 18, and then they began paying for her temporary total disability until July 17. According to the Claimant, she received a doctor’s excuse to be off work until she could be seen by a neurosurgeon. Per the Claimant she was returned to light duty work on February 10. She worked light duty for a couple of days, making computer entries, checking patients’ charts, and answering the phones.

She recently saw Dr. Phillips on January 21, 2026. At that point, Dr. Phillips released the Claimant to work with restrictions of no lifting more than 20 pounds, pushing, pulling, lifting, and no more than six hours of walking or standing. The Claimant has discussed with Baptist about her returning to work for them, but they do not have any jobs within her physical restrictions. She confirmed that her back is still improving.

On cross-examination the Claimant reaffirmed that she did not fall or hit the wall during her incident of January 23. She stated that she slipped and jerked to keep from hitting the wall. According to the Claimant, she used the wall to catch herself. She did not hit the ground or strike any surface. Although the Claimant had her respiratory recovery items in her hand, she did not

drop any of them. She did not put her hand out to stop from falling, by grabbing a rail, or the nurse in front of her.

Regarding the video introduced into evidence, the Claimant admitted that it does not show the incident. However, it does show her walking normally, at a normal rate without any limp or sign of an injury walking in the direction of the nursery. The Claimant testified that the video does not show where the incident occurred. It shows a few minutes after the incident of her walking a few steps. However, the Claimant stated that she was trying to save a baby's life and may have had some pain going on and did not realize it because of the adrenaline.

She admitted that she testified during her deposition testimony that she did not have any pain in her back. However, the Claimant testified that the pain in her left leg was associated with her back. The Claimant admitted that in the initial reporting of her injury to her supervisor, Ann Norris, she did not mention anything about her back hurting or a back injury. She admitted that Form AR-N states only a left knee injury, and it does not say anything about her back. The Claimant confirmed that during her deposition she stated that there has never been a time when she had a palpable muscle spasm in her back that a doctor could feel during one of her medical visits. She confirmed that Dr. Murphy, her workers' compensation doctor, released her to full duty, full-time work after seeing her once for only an hour. The Claimant admitted that Dr. Moore released her to full duty for her right knee on June 10.

Under further questioning, the Claimant stated that she drew her vacation pay, which is what they call PTO (paid time off). However, the Claimant has exhausted all of her PTO and extended illness. According to the Claimant, she exhausted her leave after her deposition was taken. She agreed that during her deposition she testified that there was not ever a time when she

did not receive some type of pay. Her deposition was taken on September 25, 2025. She testified that she has not had a check since the end of September.

The Claimant confirmed that she filed an anonymous complaint with OSHA stating that numerous people had slipped and fallen on this incline where she slipped. She admitted that she did not have actual knowledge of other employees having slipped on the incline. The Claimant admitted that OSHA accepted Baptist's measurements of the ramp/incline and no action or violation was taken against them.

On redirect examination, the Claimant stated that she made her complaint anonymously because she did not want Baptist to retaliate against her. She testified that she was only concerned that the area was too steep. However, the Claimant admitted they figured out that the measurements of the steep did not violate the guidelines.

The Claimant confirmed that she did not have any problems with her back prior to the January 23, 2025, incident. She admitted that when she saw the physician the next morning after her injury, her right knee was hurting, as well as her *left knee and left hip*.

On recross examination, the Claimant admitted that she did not have any symptoms in her back prior to or on the date of her incident.

John Woodrow Hill

Mr. Hill confirmed that he is the Claimant's husband and was married to her before January 23, 2025. According to Mr. Hill, before her injury, his wife was like a little energizer bunny. She would mill around doing things all day. He denied being aware of any other injuries, motor vehicle accidents, or of the Claimant hurting herself hunting, fishing, gardening, or anything else having occurred since January 2025.

On cross-examination, Mr. Hill confirmed that he works for a car dealership. He admitted that he is not a medical professional of any sort nor does he hold a medical degree or certification. Mr. Hill further admitted that he is not qualified to make a call or provide a medical opinion on the findings of a diagnostic study or state whether something is or is not related to a certain incident.

Tiffany Guynes

Ms. Guynes testified on behalf of the Respondent. She is a FMLA specialist at Baptist. In that position, Ms. Guynes confirmed that she has become familiar with the Claimant in the context of her workers' compensation claim. She admitted she was part of process of trying to get the Claimant back to work and deciding if she should be on leave. Ms. Guynes testified that the Claimant first went on FMLA on June 28. The medicals show that the Claimant was released by Dr. Murphy to full-duty work, and then she was later released by Dr. Murphy to full duty work on June 27, 2025. She confirmed that the Claimant's off work slip dealt with her back, which was not a compensable body part.

On cross-examination, Ms. Guynes denied that she was familiar with the process of the Claimant's efforts to return to work on light duty. She began working on the claim sometime in June of 2025 from the perspective of her FMLA.

MEDICAL EVIDENCE

On January 2025, the Claimant sought medical services from Carmical Medical, PLLC DBA Woodside Medical, in Monticello, Arkansas. At that time, the Claimant was evaluated by Amanda M. Boardman, APRN. The Claimant complained about bilateral knee pain and *pain of the left hip joint after a fall*. She reported having fallen at work the previous day. The Claimant reported that she was employed by the hospital and slipped while wearing surgical shoe covers.

She reported feeling a pop in the left leg that she had undergone knee replacement surgery in April 2022. The Claimant specifically mentioned pain in the other leg which began after the incident, particularly when moving around. She underwent x-rays of the knees and hip, which revealed no abnormalities.

The Claimant returned to Carmical Medical on February 3, 2025, for a wellness check. She reported at that time, among other things, that she had injured her knees and needed knee replacement therapy. The Claimant reported that she had an appointment with the orthopedic surgeon scheduled for February 10, 2025.

She presented to Dr. Samuel Moore for evaluation of a chief complaint of bilateral knee pain on February 10, 2025. The Claimant reported that the problem started after an injury at work on January 23, 2025. According to this report, the Claimant reported that the problem was caused while walking a baby to another room when she slipped. The Claimant did not fall on her knee, but her knee popped. Dr. Moore's impression was: Fall onto left knee after slip at work. (DOI 01/23/2025); Left knee, IT band syndrome; Left knee mechanical loosening; Right knee, moderate osteoarthritis with synovitis; and S/p left total knee arthroplasty (TKA) (DOS 04/12/2022) done by Dr. Troy Birk.

The Claimant sought continued medical treatment for her knee injury including diagnostic tests to include an MRI of the right knee and a CT of her left knee on February 19, 2025.

On February 24, 2025, the Claimant presented to the clinic of Bowen Hefley Orthopedics due to bilateral knee complaints. She was evaluated by Kierstin Daugherty, PA-C. At that time, the Claimant was diagnosed with among other things, radiculopathy to the lower left extremity.

Dr. Samuel Moore performed right knee surgery on March 7, 2025, per an Operative Report that he authored on that same day.

An MRI of the Claimant's lumbar spine was performed on April 9, 2025, with the following impression:

1. Multilevel degenerative changes of lumbar spine with grade 1 anterolisthesis at L4-5. There is mild spinal canal stenosis and mild bilateral neuroforaminal stenosis at L3-4.
2. Moderate right neuroforaminal stenosis at L3-4.
3. Level by level degenerative changes as described above.

On June 9, 2025, the Claimant was evaluated by Dr. Moore due to a chief complaint of low back pain. The Claimant reported that her pain was aggravated by all activities, movement and lying flat. The quality of her pain was aching, burning, dull sharp, and stabbing. She reported that the severity of her pain on a bad day was an eight out of a ten. According to this medical report, the Claimant had LESI L3-4 on the left on May 5, 2025. This provided her with relief for a couple of weeks. However, the Claimant's pain had returned right back to how it had been beforehand. She had been attending physical therapy at South ARK Rehab twice a week, but this was making her symptoms worse. Dr. Moore's impression was: 1. Grade 1-2 anterolisthesis at L4-L5. 2. Multilevel degenerative changes most pronounced at L4-5." At that point, Dr. Moore declared the Claimant to be at maximum medical improvement for her right knee, with no permanent impairment. On physical examination of the Claimant's lumbar spine, Dr. Moore opined that the Claimant had *tenderness to palpation of the paraspinal musculature of the lumbar spine. He further found that there was radicular pain in the buttock posteriorly.* Dr. Moore diagnosed the Claimant with lumbar stenosis, lumbar region with neurogenic claudication distributed on the lumbar spine. The associated diagnosis was lumbar radiculopathy, for which the Claimant was ordered to attend physical therapy sessions. Dr. Moore wrote in separate documentation a referral for the Claimant to be evaluated by a neurosurgeon, Dr. Brad Thomas.

The Claimant was evaluated by Jim Carmical, on June 24, 2025. At that time, the Claimant was taken off work until a neurosurgeon could see her.

On June 26, 2025, the Claimant presented to Conservative Care Occupation Health at LR. The Claimant was evaluated by Craig Murphy, DO, due to chief complaints about left knee and back pain. Craig said that given the mechanism of her injury, the length of time and treatment measures, it was his opinion that the initial low back strain would have resolved at this time. However, Craig stated that given her current low back/left leg symptoms and MRI findings, her symptoms are likely greater 50% related to her preexisting condition, stenosis, and arthritis, rather than a low back strain. As such, Criag stated that from a work injury perspective the Claimant met the MMI given the right recovery of her right knee and suspected low back strain. However, Craig wrote that the medical causation of her problem is complex, involving multiple factors. He specifically wrote, “It is my opinion that she should be evaluated by ortho spine or neurosurgery for further treatment options as her clinical condition and imaging findings indicate that surgical consideration may provide relief of symptoms.”

On July 16, 2025, the Claimant presented to the office of Dr. P. Simpson at BH Neurosurgery Arkansas Drew County due to complaints of bilateral low back pain that extended to her lower left extremity to the toes on the left foot this daily. She reported weakness in right lower extremity and numbness in the toes on the right foot. At that time, Dr. Simpson assessed the Claimant with, “1. Anterolisthesis of lumbar spine. 2. Acute bilateral low back pain with left sided sciatica”.

Dr. Simpson took the Claimant off work on July 29, 2025, until her next appointment with him on August 5, 2025.

On August 21, 2025, the Claimant underwent “1. Left L4-5 transforaminal epidural injection. 2. Fluoroscopic guidance” by Dr. Drew Beasley. Her pre-operative and post-operative diagnosis were “1. Lumbosacral radiculitis. 2. Lumbar disc degeneration.”

The Claimant presented to the office of Dr. Simpson on September 9, 2025 for evaluation of her ongoing back pain. He noted that the Claimant's low back pain and left leg pain were consistent with an L4 versus L5 dermatomal distribution. Dr. Simpson stated that he believed the issues were from L4-5 with listhesis causing foraminal narrowing and likely some lateral narrowing and likely some lateral recess when standing and with forward flexion. He stated that the Claimant had exhausted conservative measures, so they discussed the possibility of an L4-5 TLIF with open reduction of spondylolisthesis.

On October 13, 2025, the Claimant underwent surgery by Dr. Blake C. Phillips:

PREOPERATIVE DIAGNOSES:

1. L4-5 spondylosis with radiculopathy, lumbar region.

POSTOPERATIVE DIAGNOSES:

1. L4-5 spondylosis with radiculopathy, lumbar region.
2. Baastrup disease.

PROCEDURES:

1. Posterior segmental instrumentation across L4-L5.
2. L4 decompressive laminectomy/bilateral facetectomy.
3. 360-degree arthrodesis at L4-L5.
4. Open reduction of spondylolisthesis.
5. Biomechanical device x 1.
6. Stereotactic spine navigation.

The Claimant saw Dr. Phillips on December 9, 2025, for follow-up of her surgery. She was doing well with complaints of low back soreness with extended activity. Overall, the Claimant was better. She had improvement in lower back pain and radicular symptoms.

On January 21, 2026, the Claimant saw Dr. Phillips for follow-up care of her back surgery. She reported that her lower back pain and lower left extremity radiculopathy symptoms continued to improve. He stated that he was going to release the Claimant to return to work on February 9, 2026, with a 20-pound lifting, pushing, and pulling restriction.

The Respondent last issued a check to the Claimant on July 21, 2025, which paid her temporary total disability compensation through July 17, 2025.

A video of the area where the Claimant’s January 23, 2025, incident occurred has been reviewed.

ADJUDICATION

A. Compensability

The Claimant contends that she sustained a compensable injury to her back on January 23, 2025, in addition to her admittedly compensable right knee injury.

In order to prove a compensable injury as the result of a specific incident that is identifiable by time and place of occurrence, a Claimant must establish by a preponderance of the evidence (1) an injury arising out of and in the course of employment; (2) the injury caused internal or external harm to the body which required medical services or resulted in disability or death; (3) medical evidence supported by objective findings establishing an injury; and (4) the injury was caused by a specific incident identifiable by time and place of occurrence.

A compensable injury must also be established by medical evidence supported by objective findings. Ark. Code Ann. § 11-9-102(4)(D) (Repl. 2012). “Objective findings” are those findings which cannot come under the voluntary control of the patient. Ark. Code Ann. §11-9-102(16)(A)(i) (Repl. 2012).

The Claimant's burden of proof shall be a preponderance of the evidence. Ark. Code Ann. § 11-9-102 (4)(E)(i) (Repl. 2012).

Preponderance of the evidence means the evidence having greater weight or convincing force. *Metropolitan Nat’l Bank v. La Sher Oil Co.*, 81 Ark. App. 269, 101 S.W. 3d 252 (2003).

After reviewing the evidence in this case impartially, without giving the benefit of the doubt to either party, I find that the Claimant proved by a preponderance of the credible evidence that she sustained a compensable injury to her low back during the January 23, 2025 incident wherein she slipped and jerked her upper body while attending to a newborn that had been born with breathing difficulties.

My observation of the Claimant's demeanor at the hearing and comparing it to all of the other documentary medical evidence, I found the Claimant to be an extremely credible hard-working individual. The record corroborates the Claimant's testimony that she sustained an injury to her back when she slipped and caught herself before falling while walking on an incline in the hallway of the hospital on January 23, 2025. The evidence before shows that at the time of the Claimant's "slip injury," she worked as a registered respiratory therapist for Baptist Health. Her testimony shows that she was working with other hospital staff to resolve breathing and other respiratory related issues that a newborn baby was experiencing after being delivered by C-section (cesarean section).

At the time of her January 23, 2025, injury, the Claimant had her equipment in hand, and the nurse carried and they were walking from the surgery room to the nursery area. The Claimant was going down an incline when she *slipped and jerked* to catch herself. The Claimant felt a pop in her left knee and pain shooting pain down to her foot and up toward her left hip. She reported the incident to her supervisor about an hour after it occurred. The next morning, the Claimant was hurting her left knee and left hip. She continued with increased pain in her left hip and left knee. Baptist provided the Claimant with prompt medical treatment. Once the Claimant evaluated by an orthopedic doctor on February 10, 2025, it became clear to her that her left leg radiculopathy was related to her back although the pain had manifested in those areas.

An MRI of the Claimant’s lumbar spine was performed on April 9, 2025, which revealed degenerative changes of the lumbar spine with “Grade 1 anterolisthesis at L4-5 and moderate right neuroforaminal stenosis at L3-4. Dr. Phillips performed back surgery on October 13, 2025, due to a diagnosis of “L4-spondylosis with radiculopathy, lumbar region.”

It is well-established in workers’ compensation law that the employer takes the employee as he finds him. *Conway Convalescent Center v. Murphree*, 266 Ark. 985, 585 S. W. 2d 462 (Ark. App. 1979). A pre-existing disease or infirmity does not disqualify a claim if the employment aggravated, accelerated, or combined with the disease or infirmity to produce the disability for which compensation is sought. See, *Nashville Livestock Commission v. Cox*, 302 Ark. 69, 787 S. W. 2d 664 (1990); *Conway Convalescent Center v. Murphree*, 266 Ark. 985, 585 S. W. 2d 462 (Ark. App. 1979) *St. Vincent Medical Center v. Brown*, 53 Ark. App. 30, 917 S. W. 2d 550 (1996). An increase in symptoms of a pre-existing degenerative condition is sufficient to establish a compensable injury. *Parker v. Atlantic Research Corp.*, 87 Ark. App. 145, 189 S. W. 3d 449 (2004).

Prior to her work incident, the Claimant had experienced no problems or difficulties whatsoever with her back. Here, although the Claimant clearly had pre-existing degenerative disease of the lumbar spine, this condition was asymptomatic. The Claimant was extremely functional as a respiratory therapist, in her home life, and other daily activities of living. In fact, the Claimant had never sought any type of medical treatment for her back and was unaware she suffered from pre-existing degenerative disease in her lumbar spine. The record shows that she had not had any type of prior accident or injuries involving her back. However, after the Claimant’s work incident, she began having left side pain that extended from her left hip down

into her left knee. These symptoms resulted following her incident and worsened to the point of the Claimant having to undergo back surgery.

It is abundantly clear to me that the Claimant's work injury was the sole factor for her need for medical treatment to her back, including the surgery. Considering the lack of symptoms prior to the incident, the severity of the Claimant's persistent history of back pain and left leg radiculopathy after the incident, and because she had full function of back before the incident, I find that the Claimant proved by a preponderance of the evidence a causal connection between her current back problems and her January 2025 work-related incident. Hence, I am convinced that the Claimant's current back complaints are directly related to her employment incident. I find that the Claimant established a back injury by medical evidence supported by objective findings, which are found on the April 9, 2025, lumbar MRI in the form of a "Grade 1 anterolisthesis at L4-5."

As such, I find the Claimant has proven every necessary element for establishing a compensable injury to her back which resulted from her work-related incident of January 23, 2025.

I think it is noteworthy that in June 2025, Craig stated that the Claimant's work-related back strain should have resolved by now and that her symptoms are related to her degenerative disc disease. I have attached minimal weight to Craig's statement since he provides no logical reason or basis for his assumption that the Claimant's back strain should have resolved by now, and unrelated to her incident, especially when considering the lack of back complaints or any prior problems with her back.

B. Medical Benefits

An employer shall promptly provide for an injured employee such medical treatment as may be reasonably necessary in connection with the injury received by the employee. Ark. Code Ann. § 11-9-508(a).

The Claimant proved that the treatment of record that she received for her back injury was reasonably necessary treatment for diagnosing, treating, and evaluating her compensable back injury, including the surgery performed by Dr. Phillips on October 13, 2025. This surgery significantly improved the Claimant's back condition and overall activities of daily living. Although the Claimant initially treated conservatively with various forms of nonsurgical treatment methodologies, her back condition failed to improve.

However, after undergoing surgery on her back, the Claimant's symptoms drastically improved. As of the date of the hearing, Claimant was very pleased with the outcome of her back surgery. Said treatment modality increased the Claimant's physical capabilities significantly.

Under these circumstances, I find that the Claimant proved by a preponderance of the evidence that the medical treatment of record was reasonably necessary treatment for the back injury that she received on January 23, 2025.

C. Temporary Total Disability Compensation

The Claimant contends that she is entitled to temporary total disability compensation from the date of last payment to the date she reached MMI. The Respondent last paid the Claimant temporary total disability compensation on July 17, 2025. The Claimant was released to MMI for compensable back injury on February 9, 2026, by treating surgeon, Dr. Phillips.

Based on the preceding evidence, the Claimant contends she is entitled to temporary total disability from July 18, 2025, through April 9, 2026.

An injured employee for an unscheduled injury is entitled to temporary total disability compensation during the time that she is within her healing period and totally incapacitated from earning wages. *Arkansas State Highway and Transportation Department v. Breshears*, 272 Ark. 244, 613 S.W.2d 392 (1981). The healing period is that period for healing of the injury which continues until the employee is as far restored as the permanent character of the injury will permit. *Nix v. Wilson World Hotel*, 46 Ark. App. 303, 879 S.W.2d 457 (1994). If the underlying condition causing the disability has become stable and nothing further in the way of treatment will improve that condition, the healing period has ended. *Id.* Temporary total disability cannot be awarded after the Claimant's healing period has ended.

The Claimant proved her entitlement to any temporary total disability for her compensable back injury from the last date of payment of compensation (which was July 17, 2025) from July 18, 2025 and continuing until April 9, 2026, at which point Dr. Phillips declared her to be at maximum medical improvement for her back injury and surgical intervention.

Here the Claimant was taken off work for her back injury beginning in June 2025 due to back pain along with left leg radiculopathy and related symptomology. She stayed off work and was unable to work due to her back injury while undergoing conservative treatment modalities for her injury, which did not improve her symptoms. On October 13, 2025, Dr. Phillips performed surgery on the Claimant's back.

In clinical notes dated January 21, 2026, Dr. Phillips opined that he would release the Claimant to work on February 9, 2026. This is the latest medical record of evidence; there is no probative evidence showing that Dr. Phillips did not release the Claimant to return to work on

February 9. Therefore, I find that the Claimant reached the end of her healing period for her compensable back injury on February 9, 2026.

Accordingly, I find that the Claimant proved by a preponderance of the evidence she remained in her hearing period until February 9. She was totally incapacitated to work due to her back injury beginning in June 2025 and continuing until April 9, 2026. As such I find that the Claimant proved her entitlement to temporary total disability compensation for her back lumbar spine injury from July 18, 2025, through April 9, 2026.

D. Attorney's Fee

The parties stipulated that the Respondent has controverted this claim in its entirety. As such, the Claimant's attorney is entitled to a controverted attorney's fee on all indemnity benefits awarded herein to the Claimant, pursuant to Ark. Code Ann. § from July 18, 2025, through April 9, 2026 11-9-715 (Repl. (2012)).

AWARD

The Claimant proved that she sustained a compensable injury to her back spine on January 23, 2025, for which she is entitled to medical benefits and temporary total disability compensation.

The parties stipulated that the Respondent has controverted this claim for additional benefits. As a result, the Claimant's attorney is entitled to controverted attorney's fee on the indemnity compensation awarded herein. Respondent is directed to pay benefits in accordance with the findings of fact set forth herein this Opinion.

All accrued sums shall be paid in lump sum without a discount, and this award shall earn interest at the legal rate until paid, pursuant to Ark. Code Ann. §11-9-809 (Repl. 2012). Pursuant to Ark. Code Ann. §11-9-715 (Repl. 2012), the Claimant's attorney is entitled to a 25% attorney's

Hill – H500809

fee on the indemnity benefits awarded herein from July 18, 2025, through April 9, 2026. This fee is to be paid one-half by the insurance carrier and one-half by the Claimant.

All issues not litigated herein are reserved under the Act.

IT IS SO ORDERED.

CHANDRA L. BLACK
Administrative Law Judge